11)FORM COMP AA

[See Rules 253 c , 254©(iii),254(20 255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name Of the Police Station	एमआयडीसी भोसरी पोलीस स्टेशन
2.	CR.NO/TAR NO/ SDE No	११७/२०२६, भा.न्या.सं.कलम २८१, १२५(अ), १२५(ब) मो.वाहन कायदा कलम ११९/१७७ प्रमाणे
3.	Date,Time and Place Of the accident	दि.२८/०२/२०२६ रोजी दुपारी ०१.३० वाजताचे सुमारास मोगरा इंजिनिअरिंग प्रा.लि. कंपनी, एमआयडीसी भोसरी पुणे येथे कंपनीचे गेट समोर
4.	Name Of the Injured/Deceased	रंगनाथ लक्ष्मण लाड, वय ८२ वर्षे, रा. सदर.
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	टाटा कंपनीचा टेम्पो क्रमांक UP 16 GT 1407
7.	Name and address of the Drive of the vehicle with particulars or Driving license of the said driving license.the numberof badge in case of Public Service vehicle and the address of the Issuing Authority Of the Said Badge.	सचिनकुमार रंजित सिंह नागर, वय २५ वर्षे, व्यवसाय ड्रायव्हर, रा. सागर टेंपो सर्व्हिस, प्लॉट नंबर ३९, सेक्टर नंबर २३, ट्रान्सपोर्टनगर, एनआयटीसी बिल्डींग, ट्रक पार्कींगचे बाजुला निगडी पुणे, मुळ रा. ग्राम/पोस्ट, रछोती, तहसिल मोहाना, जि. मेरठ,
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	नितिन कुमार नगर रा सालापुर खदार नोयडा ९९७०५९३०८
9.	Name and Address of the Insurance Company with whom the vehicle was insures and the divisional office of the said Insurance Company	----
10.	Name of Insurance policy / Insurance Certificate and the Date of Validity of the Insurance policy / Insurance Certificate.	----
11.	Action taken,if any ,and the result there of	----
		Inspector Of Police
		MIDC Bhosari Police Station
	N.B – This Form Should Accompany with All the necessary document viz.(1) F.I.R(2) Panchnama (3) Medical Certicate/Pose-Mortem Report.	